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County: Waushara WILD ROSE MANOR 425 SUMMIT STREET Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified? Nonprofit Church-Related Skilled No Yes Average Daily Census: 65

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	/00)	Length of Stay (12/31/00)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year 1 - 4 Years	25. 4 44. 1
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	1. 7	More Than 4 Years	30. 5
Day Servi ces	No	Mental Illness (Org./Psy)	22. 0	65 - 74	3. 4		
Respite Care	No	Mental Illness (Other)	16. 9	75 - 84	25. 4		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	59 . 3	************	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiʻplegic	1.7	95 & 0ver	10. 2	Full-Time Equivalen	t
Congregate Meals	No	Cancer	3. 4			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	10. 2		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	5. 1	65 & 0ver	98. 3	[
Transportation	No	Cerebrovascul ar	15. 3			RNs	9. 3
Referral Service	No	Di abetes	0.0	Sex	%	LPNs	4. 4
Other Services	Yes	Respi ratory	3. 4			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	22. 0	Male	16. 9	Aides & Orderlies	40. 9
Mentally Ill	No			Female	83. 1		
Provide Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		Medi (Ti tl			Medic (Title			0th	er	P	ri vate	Pay		Manage	ed Care		Percent
			Per Die	m		Per Die	m		Per Die	m		Per Dien	1		Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	2	5. 1	\$98. 24	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	2	3. 4%
Skilled Care	2		\$304. 78	$\tilde{37}$	94. 9	\$85. 01	ŏ	0. 0	\$0.00	15		\$103.00	ĭ		\$325.00	55	93. 2%
Intermedi ate				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	2	11.8	\$87.00	0	0.0	\$0.00	2	3. 4%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Ventilator-Depender		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total		100.0		39	100. 0		0	0.0		17	100.0		1	100.0		59	100.0%

Admissions, Discharges, and Deaths During Reporting Period Percent Admissions from: 1.3 2.6 Private Home/No Home Health Private Home/With Home Health Other Nursing Homes
Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals 3. 9 88.3 0.0 0.0 Other Locations 3.9 Total Number of Admissions Percent Discharges To:
Private Home/No Home Health
Private Home/With Home Health
11.4 Other Nursing Homes
Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals 4. 5 46.6 0.0 0.0 Other Locations 0.0 28. 4 Deaths Total Number of Discharges (Including Deaths)

Percent Distribution o	of Residents'	Condi ti	ons, Services,	and Activities as of 12	2/31/00
		 %	Needi ng		Total
Activities of	%	Ass	istance of	% Totally	Number of
Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Bathi ng	1.7		66. 1	32. 2	59
Dressi ng	3. 4		78. 0	18. 6	59
Transferri ng	6. 8		71. 2	22. 0	59
Toilet Use	8. 5		61. 0	30. 5	59
Eating	11. 9		71. 2	16. 9	59
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Continence		%	Special Treat		%
Indwelling Or External	Catheter	10. 2	Recei vi ng 1	Respiratory Care	3. 4
Occ/Freq. Incontinent	of Bladder	44. 1	Recei vi ng	Tracheostomy Care	0. 0
Occ/Freq. Incontinent	of Bowel	22. 0	Recei vi ng	Sucti oni ng Č	0. 0
•			Recei vi ng	Ostomy Care	1. 7
Mobility			Recei vi ng	Tube Feeding	0. 0
Physically Restrained		13. 6	Recei vi ng	Mechanically Altered Diet	s 40.7
Skin Care			Other Reside	nt Characteristics	
With Pressure Sores		6. 8		ce Directives	93. 2
With Rashes		0.0	Medi cati ons		
			Recei vi ng	Psychoactive Drugs	39. 0

		Ownershi p:		Bed	Si ze:	Li ce	ensure:		
	Thi s	Nonprofit		50- 99		Skilled		Al l	
	Facility	Peer Group		Peer	Group	Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	83. 3	88. 0	0. 95	85. 4	0. 98	84. 1	0. 99	84. 5	0. 99
Current Residents from In-County	81. 4	79. 3	1.03	72. 9	1. 12	76. 2	1. 07	77. 5	1.05
Admissions from In-County, Still Residing	13. 0	24. 2	0. 54	21. 3	0.61	22. 2	0. 58	21. 5	0.60
Admissions/Average Daily Census	118. 5	102. 4	1. 16	101. 3	1. 17	112. 3	1.06	124. 3	0. 95
Discharges/Average Daily Census	135. 4	99. 2	1. 36	101. 3	1.34	112. 8	1. 20	126. 1	1.07
Discharges To Private Residence/Average Daily Census	27. 7	33.8	0.82	37. 6	0. 74	44. 1	0. 63	49. 9	0. 56
Residents Receiving Skilled Care	96. 6	88. 7	1. 09	89. 6	1.08	89. 6	1. 08	83. 3	1. 16
Residents Aged 65 and Older	98. 3	96. 0	1. 02	93. 4	1.05	94. 3	1.04	87. 7	1. 12
Title 19 (Médicaid) Funded Residents	66. 1	68 . 6	0. 96	69. 0	0. 96	70. 1	0. 94	69 . 0	0. 96
Private Pay Funded Residents	28. 8	26. 2	1. 10	23. 2	1. 24	21. 4	1. 35	22. 6	1. 28
Developmentally Disabled Residents	0. 0	0. 6	0.00	0. 9	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Residents	39. 0	38. 6	1.01	41.5	0. 94	39. 6	0. 98	33. 3	1. 17
General Medical Service Residents	22. 0	16. 4	1. 35	15. 4	1. 43	17. 0	1. 30	18. 4	1. 20
Impaired ADL (Mean)	59. 0	46. 9	1. 26	47. 7	1. 24	48. 2	1. 22	49. 4	1. 19
Psychological Problems	39. 0	53. 4	0. 73	51. 3	0. 76	50. 8	0. 77	50. 1	0. 78
Nursing Care Required (Mean)	6. 6	6. 5	1. 01	6. 9	0. 95	6. 7	0. 98	7. 2	0. 92